

Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)				Complete if Known	
				Application Number	10/672,596
				Filing Date	September 26, 2003
				First Named Inventor	Holm-Blagg, Lynn
				Art Unit	3696
				Examiner Name	GRAHAM, CLEMENT B.
Sheet	1	of	6	Attorney Docket Number	020375-040700US

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number Kind Code ² (if known)			
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Examiner Signature	/Clement Graham/	Date Considered	05/19/2009
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¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

Change(s) applied
to document,
/D.A.M./
4/26/2011

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				Art Unit	3692
				Examiner Name	GRAHAM, CLEMENT B.
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		Country Code ³	Number ⁴	Kind Code ⁵ (if known)				
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Examiner Signature	/Clement Graham/	Date Considered	11/23/2008
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